

<b>Case Number:</b>	CM14-0038167		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/11/2010
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 44-year-old female who reported injury on 08/11/2010. The mechanism of injury was repetitive duties. The injured worker had bilateral carpal tunnel releases. The examination of 12/02/2013 revealed the injured worker's pain was worse when sleeping. The injured worker's medications were noted to be Norco and Zanaflex. The diagnoses included impingement right shoulder, severe carpal tunnel bilaterally, status post bilateral carpal tunnel releases and overuse syndrome of the right upper extremity. The treatment plan included a continuation of a home exercise program and as needed medication as well as a urine drug screen. There was no DWC Form RFA or PR2 submitted for the requested service.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Retrospective request for medications Ketoprofen/Cyclobenzaprine/Lidocaine, Flurbiprofen/ Capsaicin/Menthol/Camphor (duration unknown and frequency unknown) dispensed on 12/19/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Page 41, Topical Analgesics, Page 111, Lidocaine Page 112, Ketoprofen, Page 113, Flurbiprofen Page 72, Topical Capsaicin, Page 28, Topical Salicylates, Page 105.

**Decision rationale:** MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended for use. Guidelines do not recommend Cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product, and the addition of Cyclobenzaprine to other agents is not recommended. Ketoprofen is not currently FDA approved for a topical application, and guidelines indicate that topical Lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. No other commercially approved topical formulations of Lidocaine are indicated for neuropathic pain. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent, and is not currently FDA approved for a topical application. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other There was a lack of documentation of a trial and failure of antidepressants and anticonvulsants and there was a lack of documentation indicating exceptional factors to warrant nonadherence to guideline recommendations. The duration of use could not be established. Additionally, the quantity and frequency was not provided. There was a lack of documentation indicating a necessity for both Ketoprofen and Flurbiprofen. Given the above, the request is not medically necessary.